Anxiety Disorders

Kristie Mitchell, MD, CPT, USA

Department of Psychiatry

WRAMC

Anxiety vs. Fear

- Anxiety
  - Diffuse, unpleasant, vague sense of apprehension
  - Response to an unknown, internal, or conflictual threat
  - Alerting signal to help avoid potential danger
- Fear
  - Response to a known, external, and definite threat

Anxiety Disorders

- Generalized Anxiety Disorder (GAD)
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Obsessive Compulsive Disorder (OCD)
- Specific Phobia
- Substance-Induced Anxiety Disorder
- Panic Disorder
  - Panic Attacks
  - Agoraphobia

Case

- 32yo MWM USA E5, recruiter, with 10 yrs TIS
- “Stressed out” since starting the job six months ago.
- Feels overwhelmed by the constant push to make quotas.
- Has ruminating worries re: work stressors that are difficult to control.
- Feels on edge and keyed up after work and on weekends.
- He reports fatigue, distractibility, irritability, and sleep disturbance.
- He also worries that he is not being a good father due to his job
- He reports guilt that his job is negatively effecting his wife and kids.
- He reports anhedonia, decreased appetite, and withdrawn mood.

Case cont'd

- Reports 1-2 "anxiety attacks" a day.
  - Typically occurring after a telephone call from his COC. Similar attacks occur outside of work when he hears a telephone that sounds like a work phone.
  - Attacks last 15 min.
  - SOB, palpitations, diaphoresis, and feeling of impending doom.
  - He reports dreading future attacks, and avoiding triggers of attacks.

- He denies symptoms c/w psychosis or mania, denies SI.

Generalized Anxiety Disorder

Diagnostic Criteria

- Excessive anxiety and worry, occurring more days than not for at least six months about a number of events or activities.
- The person finds it difficult to control the worry
- Three or more associated symptoms:
  - Restlessness, feeling keyed up, on edge
  - Being easily fatigued
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Sleep disturbance
- The focus of anxiety is not confined to another Axis I disorder

GAD cont'd

- Prevalence
  - 1 year: 3%
  - Lifetime: 5%
- Course
  - Childhood onset
  - Chronic, fluctuating course
  - Worsens in times of stress
- Associated features
  - Mood, substance abuse, and other anxiety disorders
  - female>male
- Familial Pattern
  - Familial association
  - Genetic contribution

GAD Treatments

- Selective Serotonin Reuptake Inhibitors
- Benzodiazepines
  - work on $GABA_A$ receptors, facilitate GABA action
  - Anxiolytic, sedative, muscle relaxant, anticonvulsant
  - Rapid affect
- Buspirone
  - $5HT_{1a}$ agonist
  - Effective within 2-3 weeks
- Tricyclic Antidepressants
  - Effective, often poorly tolerated
- Others
  - Beta-blockers, Clonidine

Post Traumatic Stress Disorder

Diagnostic Criteria

- Exposure to traumatic event
  - Actual or threatened death
  - Intense fear, helplessness, or horror
- Trauma is re-experienced
  - Reliving event
  - Nightmares
  - Intrusive recollections
  - Intense response to things that resemble event
  - Physiological reaction to resembling events

PTSD cont'd

- Avoidance of stimuli associated with trauma
  - Avoid thoughts, feelings, conversations associated with the trauma
  - Avoid activities, places, people that arouse recollections of the trauma
  - Inability to recall specific aspects of the trauma
  - Anhedonia
  - Detachment from others
  - Restricted range of affect
  - Sense of foreshortened future

PTSD cont'd

- Increased arousal
  - Sleep difficulties
  - Irritability
  - Distractibility
  - Hypervigilence
  - Exaggerated startle response

PTSD cont'd

- Duration of symptoms is >1 month
- Symptoms cause clinically significant distress in social or occupational functioning.
- Acute: <3 months
- Chronic: >3 months

PTSD Treatments

- Antidepressants
  - SSRIs – help with avoidant and intrusive symptoms (TCAs, MAO-Is)
- Adrenergic Blockers:
  - Propranolol, clonidine
- Others: Buspirone, Lithium, Anticonvulsants
- Psychotherapy:
  - Crisis intervention, Groups
- Behavioral Therapy
  - Systematic desensitization, Relaxation techniques, Cognitive therapy.

Acute Stress Disorder

- Diagnostic Criteria:
  - Exposed to a traumatic event
  - Dissociative symptoms: numbing, anhedonia, derealization, depersonalization, dissociative amnesia
  - Persistent reexperiencing of trauma
  - Avoidance
  - Increased arousal (sleep disturbance, hypervigilence, irritability)
  - Time course: minimum of 2 days, max 4 weeks, occurs within 4 weeks of trauma

ASD cont'd

- Associated features
  - Survivor guilt, hopelessness
  - Increased risk for developing PTSD
  - GMC as consequence of trauma
- Prevalence
  - Rates range from 14%-33% of those exposed to trauma
- Treatment similar to PTSD

Obsessive-Compulsive Disorder

- Diagnostic Features
  - Recurrent obsessions and/or compulsions
  - Obsessions
    - Intrusive, “ego dystonic”, thoughts that cause stress
    - Examples: contamination, repeated doubts, order, aggressive impulses, sexual imagery
  - Compulsions
    - Repetitive behaviors or mental acts performed to reduce anxiety or neutralize an obsessive thought
    - Examples: hand washing, ordering, checking, counting, praying, hoarding
  - Obsessions/compulsions cause distress, interfere with normal functioning, occur for more than 1 hour/day.

OCD cont'd

- Patients realize that concerns are excessive or unreasonable
- Associated features
  - Alcoholism
  - Depression
  - Tic disorders
- In children, may be associated with Group A beta hemolytic Streptococcus
  - Neurological abnormalities, abrupt onset, episodic course

OCD cont'd

- Prevalence
  - Lifetime 2.5%
  - Male = female
- Course
  - Usually begins in adolescence
  - Gradual onset
  - Waxing and waning – worse with stress
- Genetic links

OCD Treatment

- Clomipramine
  - SRI, NE reuptake blocker
  - Well documented efficacy in OCD
- SSRIs
  - Less effective but better tolerated side effects
- Behavioral Therapy
  - Exposure with response prevention
- Cognitive Therapy
  - Restructuring thoughts

Obsessive compulsive d/o vs. Obsessive compulsive personality disorder

- OCPD
  - preoccupation with orderliness, rules, perfectionism
  - Excessively devoted to work and productivity, over-conscientious
  - Rigid, miserly
  - Preoccupation effects leisure activities and relationships

Specific Phobia

- Excessive fear cued by the presence or anticipation of a specific object or situation
  - Flying, heights, animals, blood
- Exposure to the stimulus provokes fear
- Adults realize that the fear is excessive
- Avoidance interferes with normal routine
- If under 18 yr old, duration at least 6 months

Specific Phobia cont'd

- Subtypes
  - Situational
  - Natural environment
  - Blood-injection-injury
  - Animal
  - Other type

Specific Phobia cont'd

- Associated features
  - Restricts lifestyle and occupation
  - Co-occurs with other anxiety, substance use, and mood disorders
- Content of phobia varies with culture and ethnicity
- Women : men 2:1
- Phobias are common, rarely severe enough warrant diagnosis of Specific phobia.
- Prevalence 4%-8%
- Typically begins in childhood

Specific Phobias cont'd

- Predisposing factors
  - Traumatic events (animal attack)
  - Unexpected Panic attack occurs in proximity to a situation
  - Observe others undergoing trauma and being fearful
  - Informational transmission: "you'll poke your eye out"
  - Family member with specific phobia

Specific Phobia cont'd

- Treatment
  - Medication not effective
  - Exposure (behavioral techniques)
    - Treatment of choice

Social Phobia

- Diagnostic Criteria
  - Marked fear of social or performance situations in which embarrassment might occur
  - Exposure to situation evokes anxiety
  - Recognize that fear is unreasonable
  - Social and performance situations are avoided
  - Significantly interferes with social or occupational functioning
  - If under 18yo, duration >6 months

Social phobia cont'd

- Treatment
  - MAO-I
    - Highly effective but difficult to tolerate (dietary restrictions)
  - SSRI
    - Effective and well-tolerated
  - Benzodiazepines
    - Immediate effect
  - Beta-blockers
    - Highly effective for performance anxiety (stage fright)
  - Cognitive-behavioral therapy

Substance-induced Anxiety d/o

- Anxiety symptoms that are due to the direct physiological effects of a drug of abuse, medication, or toxin.
- During intoxication or withdrawal (depends on substance)
- Anxiety greater than what would be expected for normal intoxication or withdrawal.

Anxiety disorder d/t GMC

- Prominent anxiety (panic attacks, obsessions, or compulsions) due to the direct effects of a general medical condition.
- Temporal association between the GMC and anxiety symptoms
- GMC
  - Endocrine
  - Cardiovascular
  - Respiratory
  - Metabolic
  - Neurological

Panic Attacks

- Discrete period of intense fear of discomfort in the absence of real danger. Associated with somatic or cognitive symptoms
- Not a codable disorder
- Duration: 5-20 minutes
- Types
  - Unexpected
  - Situationally bound
  - Situationally predisposed
- Can occur in the context of another anxiety d/o or other GMC

Panic attack symptoms
Need four symptoms to meet criteria

- Palpitations, tachycardia
- Sweating
- Trembling
- SOB
- Choking
- Chest pain
- Nausea
- Dizziness
- Depersonalization or derealization
- Fear of losing control
- Fear of dying
- Parasthesias
- Chills or hot flashes

Agoraphobia

- Not a codable disorder
- Anxiety about being in places or situations in which help may not be available in the event of having a panic attack
- Examples
  - Outside the home alone
  - In a crowd
  - In a tunnel
  - On a bridge

Panic Disorder

- Diagnostic Criteria
  - Presence of recurrent and unexpected Panic attacks
  - At least one month of …
    - concern of another attack
    - worry about implications of attack
    - significant behavioral change
  - With or without agoraphobia

Panic disorder cont'd

- Associated findings
  - Compensated respiratory alkalosis
  - Transient tachycardia and systolic hypertension
  - Comorbid GMC
    - Mitral valve prolapse
    - Hyperthyroidism
    - Asthma
    - COPD
    - IBS

Panic disorder cont'd

- Prevalence
  - 1%-2% in community
  - As high as 60% in cardiac clinics
- Course
  - Onset during adolescence
  - Chronic- waxing and waning
- Familial Pattern
  - 8 times more likely in 1st degree relatives

Panic Disorder cont'd

- Treatments
  - Selective Serotonin Reuptake Inhibitors
    - First-line, well tolerated
  - Benzodiazepines
    - Useful due to rapid onset of action
  - Tricyclic antidepressants
    - Established efficacy, poorly tolerated
  - Others
    - Venlafaxine, Nefazodone, Valproic acid, Clonidine

Agoraphobia w/o Panic disorder

- Agoraphobia
  - fear having panic-like attack in places were escape may be difficult or help might not be available
- Never met criteria for panic disorder.

- Anxiety disorder, not otherwise specified
  - Prominent anxiety or phobic avoidance that doesn’t meet criteria for a specific Anxiety disorder

References

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 4th edition, TR. 2000
- American Psychiatric Press. Textbook of Psychiatry, 3rd edition. 1999
- Kaplan, Sadock. Synopsis of Psychiatry, 8th edition. 1998